

DJR

## Disclosure Statement Certification

Candidate or Authorized Committee Name: Nicole James  
Representative: Adolph Mingo  
Address: P.O. Box 7578 Detroit, MI 48206  
Phone: 313-743-2067

Method of Disclosure (check all that apply):

☐ Telephone \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

☐ Mail \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

☒ Email to Kim Lasker \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

☐ In person \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

Station Representative (signature): \_\_\_\_\_

Candidate or Representative (signature): \_\_\_\_\_

Date: 10/4/16

By signing this document, I hereby certify that I am authorized to purchase political advertising on behalf of the above candidate and that I have received and reviewed a copy of Radio One's Political Broadcast Advertising Disclosure Statement, the terms of which shall govern such purchase.

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐

FEDERAL CANDIDATE

☒

STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:

WPTZ

Date

I, Joseph A. Jones

being on behalf of Nicole James

, a legally

qualified candidate of the

DEMOCRATIC PARTY

political

party for the office of:

Govt of Appeals

in the

General

election to be held on:

Nov 8, 2016

do hereby request station time as follows:

See attached

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
See Attached					

Total Charges:

\$ 300

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

Committees to Elect Nicole James

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Birdie Goynes(James)

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

**To Be Signed By Candidate or Authorized Committee**

9-21-2015

Date

[Signature]

Signature

**To Be Signed By Station Representative**

☒

Accepted

☐

Accepted in Part

☐

Rejected

[Signature]

Signature

Ava Domonja

Printed Name

Act mgr.

Title

## FEDERAL CANDIDATE CERTIFICATION

**In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:**

I, \_\_\_\_\_  
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ **does**

☐ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☐ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☐ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.

\_\_\_\_\_  
**signature of candidate or authorized committee**

\_\_\_\_\_  
**printed name**

\_\_\_\_\_  
**date**

## AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF  
CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Attach proposed schedule with charges (if available):**

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note:** Because the FCC requires that the political file contain the actual times the spots air and the rates charged, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired and the rates charged. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.

**ORDER**

<b>Orders</b>	<b>Order / Rev:</b>	<b>328744</b>	
	<b>Alt Order #:</b>		
	<b>Product Desc:</b>	<b>NICOLE JAMES</b>	
	<b>Estimate:</b>		
	<b>Flight Dates:</b>	<b>10/05/16 - 10/09/16</b>	<b>Primary AE:</b> <b>Ava Demonja</b>
	<b>Original Date / Rev:</b>	<b>10/04/16 / 10/04/16</b>	<b>Sales Office:</b> <b>L-DET</b>
	<b>Order Type:</b>	<b>GENERAL</b>	<b>Sales Region:</b> <b>Local</b>

<b>Agency</b>	<b>Name:</b>	<b>Corena H Consultants</b>	
	<b>Buying Contact:</b>	<b>Aaron Tremetre</b>	<b>Billing Type:</b> <b>Cash</b>
	<b>Billing Contact:</b>		<b>Billing Calendar:</b> <b>Broadcast</b>
		<b>29188 Creek Bend Drive</b>	<b>Billing Cycle:</b> <b>EOM/EOC</b>
		<b>Farmington Hills, MI 48331</b>	<b>Agency Commission:</b> <b>15%</b>

<b>Advertiser</b>	<b>Name:</b>	<b>Nicole James</b>	<b>New Business Thru:</b>
	<b>Demographic:</b>	<b>A25-54</b>	<b>Order Separation:</b> <b>00:30:00</b>
	<b>Product Codes:</b>	<b>Political Candidate</b>	<b>Advertiser External ID:</b>
	<b>Priority:</b>	<b>10</b>	<b>Agency External ID:</b>
	<b>Revenue Codes:</b>	<b>AGY, POLITICAL, POL-CAND</b>	<b>Unit Code:</b> <b>General</b>

**Bill Plan**

Start Date	End Date	# Spots	Gross Amount	Net Amount
09/26/16	10/07/16	12	\$300.00	\$255.00

**Totals**

Month	# Spots	Gross Amount	Net Amount	Rating
October 2016	12	\$300.00	\$255.00	0.00
<b>Totals</b>	<b>12</b>	<b>\$300.00</b>	<b>\$255.00</b>	<b>0.00</b>

**Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Ava Demonja			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
E 1	WPZR	10/05/16	10/09/16	M-F AM Drive M-F	CM	6a-10a	--WTF--	:30	6	\$25.00	03	0.00	NM	6	\$150.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 10/03/16	10/09/16	--WTF--		6				\$25.00		0.00			
E 2	WPZR	10/05/16	10/09/16	M-F Midday M-F	CM	10a-3p	--WTF--	:30	6	\$25.00	03	0.00	NM	6	\$150.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 10/03/16	10/09/16	--WTF--		6				\$25.00		0.00			
Totals														12	\$300.00